

NOTICE OF RELEASE REQUEST

If you are the victim of an offender [per KRS 421.500 (1)(a)] and wish to be notified upon the expiration of the offender's sentence, please complete the following form.

INMATE INFORMATION

Inmate Name:

Institutional Number:

VICTIM CONTACT INFORMATION

1

Name:

Phone #:

Relationship to victim:

Address:

City:

State:

Zip:

2

Name:

Phone #:

Relationship to victim:

Address:

City:

State:

Zip:

3

Name:

Phone #:

Relationship to victim:

Address:

City:

State:

Zip:

Please send the completed form to:

Kentucky Department of Corrections
Office of Victim Services
P.O. Box 2400, Rm G-46
Frankfort, KY 40602-2400
Phone #: 502-564-5061
Toll free #: 877-OVS-6818